Post-Concussion Symptom Score Sheet

Name: ______________________________ Date of Birth: ____________ Date of Injury: ____________

School: ______________________Sport: ______________________ Last Step Completed #_________

Athlete Instructions: Rate your symptoms based on how you feel at this point in time.

Symptom	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling like "In a Fog"	0	1	2	3	4	5	6
"Don't feel Right"	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Fatigue or Low Energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More Emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
Do your symptoms get worse with physical activity?				Yes		No	
Do your symptoms get worse with mental activity?				Yes		No	
If 100% is feeling perfectly normal, What Percent of normal to you feel?						%	
If not 100%, why?							

Total number of Symptoms: ___________of 22 Total Severity Score: ___________ of 132

I have filled out this form accurately and understand that any false report could put my life and health in danger.

Athlete Signature: ____________________________________ Date: _________________________

******Give form back to Coach or Athletic Trainer******

Coach/Athletic Trainer Instructions: If the athlete is feeling 100%, has no symptoms, and doesn't get worse with physical or mental activity, they may proceed to the next step. If not, they must step back one step and repeat it.

The above athlete may participate in Step # ________________

Coach/Athletic Trainer Signature: _______________________________ Date: ___________________

Printed Name: __________________________________ Title: _______________________________